

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

HEALTH ASSESSMENT

**IHSC Directive: 03-07
ERO Directive Number: 11741.4
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: 4 Mar 2016**

**By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/**

1. **PURPOSE:** The purpose of this issuance is to set forth policy and procedures for conducting health assessments for detainees housed in U.S. Immigration and Customs Enforcement (ICE) facilities staffed by ICE Health Service Corps (IHSC) personnel.
2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and civil service employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR 235.3), Inadmissible Aliens and Expedited Removal;
 - 3-2. Section 232 of the Immigration and Nationality Act (8 USC 1222), Detention of Aliens for Physical and Mental Examination;
 - 3-3. Title 8, Code of Federal Regulations, Section 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination;
 - 3-4. Section 322 of the Public Health Service Act (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons; and
 - 3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC § 252), Medical Examination of Aliens.

4. **POLICY:** IHSC mid-level providers (MLPs), physicians, or as authorized, specially-trained registered nurses (RNs), conduct a health assessment on each detainee/resident (hereafter referred to as “detainee”) within 14 days of the detainee’s arrival unless more immediate attention is required as identified in this Directive. Clinical pharmacists (CPs) do not perform initial health assessments.

For the purpose of this policy, “health assessment” is used synonymously with the term “physical examination.” While the physical examination is one component of a comprehensive health assessment, IHSC staff routinely use the term “physical examination” to mean the complete health history, medical/dental/mental health examinations (hands-on), the assessment, and the plan of care.

- 4-1. Expedited Health Assessment.** If a detainee presents with one of the following criteria, an MLP or physician performs an expedited health assessment, designated as a Physical Examination-Complex (PE-C), in the electronic health record (see 4-4 for additional information):
- a. IHSC staff refer detainees with acute or chronic health condition(s) identified during the intake screening process for a health assessment as soon as possible, but no later than two business days after admission to the facility.
 - b. IHSC staff refer any female detainee who is identified as pregnant, reports being a victim of recent sexual assault or violence (within the past 30 days), admits to unprotected sex within the past five days and desires emergency contraception to prevent a possible pregnancy, or has a current mental health condition for a complete health assessment within 24 hours of arrival.
 - c. IHSC staff refer all juvenile residents, regardless of health status, for completion of their health assessments as outlined in the ICE Family Residential Standards.
 - (1) All juvenile health assessments include the provision of advice and education on health care services in custody and safety precautions.
 - (2) Only MLPs and physicians will conduct juvenile physical examinations.
 - (3) Providers review all available immunization records. If no immunization record exists, providers immunize the juvenile as deemed necessary and advised by the Centers for Disease Control and Prevention (CDC) and follow the state guidelines for the immunization program where the facility resides.

4-2. Health Assessment Elements. The RN, MLP, or physician documents the following information in the detainee health record:

- a. Review of the intake screening results.
- b. Review of data completed in the medical, dental, and mental health histories taken during receiving/intake screening and subsequent encounters This includes any follow-up from positive findings during the intake screening and subsequent encounters..
- c. Vital signs (height, weight, pulse, blood pressure, respiration, and temperature) and visual acuity assessment (e.g., using a Snellen eye chart).
- d. Review and verification of medications and all known allergies, i.e., medications, food, contact (latex), etc.
- e. Identification of disabilities that may require special housing or special considerations.
- f. Identification of age-specific, health-related problems or special needs.
- g. A pain assessment, to include intensity, location, character, duration, mitigating/aggravating factors, and successful relief measures. If there is no pain, staff must document the absence of pain.
- h. A physical examination of the detainee.
- i. A mental health assessment.
- j. A dental assessment.
- k. Request or review of laboratory and/or diagnostic tests to detect communicable diseases, including tuberculosis, sexually transmitted infections such as syphilis, and other tests as ordered or required (applicable to MLPs and physicians only).
- l. Laboratory and/or diagnostic tests to screen for or assess for potential or identified diseases as indicated (applicable to MLPs and physicians only).
- m. An appropriate plan of care to address any medical or mental health condition identified during the examination.
- n. Eligibility/clearance for kitchen work.
- o. Immunizations, when appropriate.

All positive findings (ie. history and physical, screening, and laboratory) are reviewed by the clinician, ie. mid-level provider or physician. Specific problems are integrated into an initial problem list. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.

4-3. Female Health Assessments.

- a. In addition to the element listed under 4-2 of this policy, staff will document the following for female detainee health assessments:
 - (1) Pregnancy testing (ages 10-56) and the result.
 - (2) Whether the detainee is currently breastfeeding.
 - (3) Use of contraception.
 - (4) Reproductive health assessment (the number of pregnancies, live term and pre-term births, spontaneous/elective abortions, and living children; pregnancy complications, etc.).
 - (5) Menstrual cycle (last menstrual period, regularity, etc.).
 - (6) History of breast and gynecological problems.
 - (7) Family history of breast and gynecological problems.
 - (8) History of physical or sexual victimization and when the incident(s) occurred.
- b. A pelvic examination, Papanicolaou test (Pap test), breast examination, mammography, and sexually transmitted infection (STI) testing are offered and scheduled as appropriate within 14 days from the initial health assessment if a medical provider deems testing appropriate and necessary (high risk and/or symptomatic). Screening of asymptomatic, low risk detainees will be deferred until the detainee has been in custody one year. **NOTE:** Only MLPs and physicians perform pelvic and breast examinations.

4-4. Determining the Appropriate Health Assessment. Health staff may designate the health assessment as either a Physical Examination-Simple (PE-S) or a PE-C. This status is determined during the intake screening and reflects whether there is any current or past medical or mental health concern(s) that dictate the need for a medical provider evaluation. A PE-S may change to a PE-C once the examining staff member evaluates the detainee.

- a. PE-S. A trained RN (see 4-9), MLP, or physician can complete a PE-S.

A PE-S will be completed if the detainee:

- (1) Has no significant acute or chronic conditions, and is not pregnant. Acute conditions that are within the nurse's scope of practice may be addressed during the PE-S.
 - (2) Has no prescriptions that a provider needs to order.
 - (3) Is free of chronic or severe pain or other emergent condition.
 - (4) Is 18 years of age or older.
 - (5) Is due for their annual health assessment and meets PE-S criteria 1-3 above. If these criteria are not met, the annual health assessment will be completed as a PE-C.
- b. PE-C. Only an MLP or physician can complete a PE-C. A PE-C will be completed if the detainee:
- (1) Has an acute or chronic medical or mental health condition. This includes severe pain.
 - (2) Arrived at the facility with a prescription medication in their possession, or their medical record notes current medication use that needs a provider to review and prescribe.
 - (3) Is pregnant.
 - (4) Is less than 18 years of age, see 4-1.
- c. If while completing a PE-S, the RN discovers a significant historical or current medical issue and/or physical finding that is beyond his or her scope of practice, the RN completes the encounter and initiates a referral to a physician or MLP. The physician or MLP conducts an evaluation within 72 hours, or sooner, if the detainee's condition warrants it.

4-5. Review of Health Assessments. The Clinical Director, or designated physician, reviews all health assessments to determine the priority of treatment and the appropriateness of care. The health assessment review will be performed within:

- a. Seven (7) days for a PE-C.
- b. Fourteen (14) days for a PE-S.

4-6. Health Assessments for Returning Detainees. IHSC staff provide all detainees an intake screening upon return to the facility. The need for a health assessment is determined and documented during the intake screening.

- a. Detainees who had a health assessment completed at an IHSC-staffed facility within the past 90 days. If a detainee has his or her health assessment completed at an IHSC-staffed facility, but leaves ICE custody and then returns to an IHSC-staffed facility within 90 days of his or her initial health assessment, an RN will review his or her status during the intake screening to determine whether the health assessment must be repeated.
- b. This review applies to a detainee released from ICE custody to the community, or a detainee who transferred to other correctional/detention facilities as part of his or her administrative processing and returned to an IHSC-staffed facility within 90 days of his or her initial health assessment.

(1) Detainees **without** Acute or Chronic Health Problems.

An RN who is certified to perform health assessments (see 4-9) reviews the documented IHSC health assessment and the current intake screening. If there is no acute or chronic medical and/or mental health condition present, and there have been no changes in the detainee's health status, a new health assessment is not needed. The RN documents that the detainee has no acute or chronic health care needs and schedules an age and gender specific "annual" physical examination within one year from the last IHSC-performed physical examination. If the RN is uncertain whether a health assessment should be performed, the RN will have an MLP or physician review the medical record for determination.

- (2) Detainees **with** Acute or Chronic Health Problems. If during the intake screening the detainee is noted to have an acute or chronic medical and/or mental health condition, an MLP or physician will review the documented health assessment and current intake screening. If there have been no changes in the detainee's medical condition, the MLP or physician may determine that a new health assessment is not needed and will schedule an acute and/or chronic care appointment in accordance with IHSC Directive 03-03: Chronic Care. If there have been changes or there is uncertainty about the detainee's/resident's health status, a new health assessment will be completed. The MLP or physician schedules an age and gender specific "annual" physical examination within one year from the last physical examination.

- b. Returning Detainees with **more than 90 days** since detention at an IHSC-staffed facility. All detainees that return to an IHSC- staffed facility and have not had a health assessment at an IHSC- staffed facility within the previous 90 days require a complete health assessment in accordance to the guidance set in 4-1.

4-7. Annual Health Assessment. A detainee will receive an annual health assessment one year after their initial assessment, and every year thereafter while in detention. The annual health assessment addresses appropriate age and gender disease screening, care needs for ongoing medical or mental health concerns, and rescreening for active tuberculosis.

4-8. Chaperones. IHSC staff serves as the chaperone when needed, and a chaperone of the same-sex as the detainee is provided. For transgender detainees, the detainee will indicate his or her preferred sex of the chaperone. Custody or ICE Field Operations staff may be utilized if no other IHSC staff member is available; however, the detainee's consent will be obtained. If the detainee refuses, the examination will be rescheduled to permit the use of an IHSC staff member chaperone. Non-IHSC staff should not be routinely used as chaperones for the simple convenience of IHSC staff. If safety concerns dictate that a custody officer be present, consent is not required. Detainees are never used as chaperones. **NOTE:** Staff must document in the medical encounter the name and title of the chaperone used.

A chaperone will be used during the health assessment or any other clinical encounter involving the following circumstances:

- a. When requested by the detainee.
- b. Examination of the breasts, genitalia, or anal/rectal area.
- c. Other circumstances in which staff feel a chaperone is appropriate.

4-9. Competency Assessment for RNs to Perform Health Assessments. Trained RNs may conduct health assessments on adult detainees that do not have a medical condition that requires evaluation and treatment by a medical provider (see criteria for PE-S in 4-4). The RN must have documented training and a competency assessment performed by a physician prior to conducting health assessments. The physician must provide supervision of the RN.

Supervision includes a physician reviewing and co-signing all physical examinations conducted by the RN.

- a. The physician provides training to the RN on the proper method of

conducting and documenting a health assessment.

- b. The physician visually observes the RN conducting a health assessment. Depending on the experience and skill of the RN, multiple witnessed detainee assessments may need to be performed to ensure competency.
- c. The physician reviews the medical record documentation of the health assessment for accuracy and completeness.
- d. Once the physician determines the RN's competency to perform health assessments, the physician provides the RN with a certificate attesting to the RN's completion of training and ability to conduct health assessments independently.
- e. The competency assessment certificate is maintained in the RN's credentialing folder.
- f. Competency to perform health assessments is reassessed annually or sooner if needed.

4-10. Facilities will provide appropriate interpretation and language services for Limited English Proficiency (LEP) detainees for all clinical encounters. Where appropriate staff interpretation is not available, facilities will make use of professional interpretation services.

5. PROCEDURES: None.

6. HISTORICAL NOTES: This policy replaces IHSC Directive 03-07 dated 5 Apr 2015. It makes changes to policy statement (adding that CPs do not perform initial health assessments) and 4-2; 4-1c(4) deleted. It also adds definitions.

7. DEFINITIONS:

IHSC Staff – Includes all facilities, HQ, Special Operations, and FMC staff.

Clinical Director (CD) – The Clinical Director is a physician and is the clinical medical authority at a specific facility. Duties include clinically supervising the Staff Physician (if applicable) and mid-level providers, evaluating patient care through an ongoing quality assurance program, providing training and mentoring to health care staff, and evaluating and treating medically complex patients. The CD is board certified in family medicine, internal medicine, or related primary care specialty to maintain employment. (IHSC Operational Definition)

Mid-Level Providers – Mid-level providers are nurse practitioners (NPs) and physician assistants (PAs). (IHSC Operational Definition)

8. APPLICABLE STANDARDS:

8-1. Performance-Based National Detention Standards (PBNDS):
PBNDS 2011:

- a. Part 4:3 Medical Care, V. Expected Practices; L. *Comprehensive Health Assessment*; O: *Annual Health Examinations*.
- b. Part 4.4 Medical Care (Women); II. Expected Outcomes B. *Initial Health Intake Screening and Health Assessment*.

8-2. ICE Family Residential Standards: 4.3 Medical Care, V. Expected Practices, 8b, *Physical Exam*.

8-3. American Correctional Association (ACA):

- a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition:
 - (1) 4-ALDF-4C-24, *Health Appraisal*.
 - (2) 4-ADLF-4C-25, *Health Appraisal*.
- b. Standards for Adult Correctional Institutions, 4th edition: (1)
 - (1) 4-4365, *Health Appraisal*.
 - (2) 4-4366, *Health Appraisal*.
- c. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions:
 - (1) 1-HC-1A-22, *Health Appraisal*.
 - (2) 1-HC-1A-23, *Health Appraisal*.

8-4. National Commission on Correctional Health Care (NCCHC):
Standards for Health Services in Jails, 2014; J-E-04, *Initial Health Assessment*.

- 9. PRIVACY AND RECORDKEEPING.** IHSC maintains detainee health records as provided in the Alien Health Records System of Records Notice, 80 Fed. Reg. 239 (Jan. 5, 2015). The records in eHR/eClinicalWorks (eCW) are destroyed ten (10) years from the date the detainee leaves ICE custody. Retention periods for records of minors may differ. Paper records are scanned into her and are destroyed after upload is complete.

Protection of Medical Records and Sensitive Personally Identifiable Information (PII).

- 9-1. Staff keeps all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Staff locks paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
 - 9-2. Staff is trained at orientation and annually on the protection of a patient's medical information and Sensitive PII.
 - 9-3. Only authorized individuals with a need to know are permitted to access medical records and Sensitive PII.
 - 9-4. Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook) at:

(b)(7)(E)

when additional information is needed concerning safeguard sensitive PII.
10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.